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### The trouble with thresholds

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## **The trouble with thresholds: Rationing as a rational choice in child and family social work**

### *Abstract*

The financial crisis of 2008 has led central governments in industrialised nations to seek to reduce public expenditure at the same time that demands upon the welfare state are increasing. Using the example of statutory social work with children and families in England, this article explores whether the concept of rationing might be a more useful way of describing practices at the front line that seek to meet the objectives of policy makers, while also being financially responsible. In doing so the article challenges social work to see austerity as less of a descriptor of the straightened financial times we live in, but rather as an ideology that is seeking to reshape the very nature of the welfare state, and to push responsibility for dealing with the consequences of these decisions away from politicians and policy makers onto front line staff.

*Keywords:* Thresholds; Rationing; Decision Making; Child Welfare

### *Introduction*

The last decade has seen significant increases in the demand for children's social care services at a time of public service retrenchment due to the crisis in the financial services sector, and subsequent economic recession. The coalition government in the United Kingdom came to power in May 2010 with the main policy aim of eliminating, over a four year period, the structural budget deficit, and slowing the growth in public debt. This was to be realised through a combination of raising revenue and reining in public expenditure. The Comprehensive Spending Review of autumn 2010 outlined the scale of the reductions in public spending which were deemed necessary to achieve the deficit reduction target. The government's public expenditure policies involved reductions in the scope and amount of welfare benefits, and average reductions of budgets by 25% across government departments over the four year period. However, it soon became clear that the scale of deficit reduction would not be achieved, partly as a consequence of the failure to achieve significant

economic growth, and therefore further reductions in public funding have continued (Prowle *et al.* 2014). This bleak economic picture has influenced the delivery and quality of public services, while also opening up a space for governments to introduce new models of service provision and delivery (Randma-Liiv & Kickert 2018). These new modes of service delivery have been justified on the basis of financial austerity, but have been critiqued as a means of driving forward neo-liberal policy objectives that are not solely related to the availability of public expenditure (Pentaraki 2013).

A key role of public servants involves balancing the need of “...how to treat citizens alike in their claims on government and how at the same time to be responsive to the individual case when appropriate” (Lipsky 2010, p.xii). Decisions are taken at every level of central and local government about how to allocate what are seen as increasingly scarce resources to meet identified need, which in itself seems to be growing. In this article the conundrum of how best to meet identified need, and who misses out will be explored. Decisions about what to provide, and to whom – and just as significantly, who not to provide for – have always been a part of the administration of social welfare services. However, whereas in the past this was presented in the language of rights and values, as a means of ensuring that the entitlement to a share of resources was managed fairly, especially in times of scarcity, this is now presented in the language of economics, concerned with efficiency and prudence.

### *Rising Demand and Decreasing Resources*

In each of the four countries within the United Kingdom the government administrations enact their obligation under the United Nations Convention of the Rights of the Child through having systems in place to provide support to children and their families (UNCRC article 18) and in keeping children safe from harm when parents are unable, or unwilling to do so (UNCRC articles 6, 19, 20, 23, 34). It is still seen as a duty of the State to provide systems and processes for receiving and acting upon referrals about children who require additional support, or for whom there are concerns about their welfare. Tunstill and Aldgate (2000) argue that the nature of the relationship between the State, family and children has evolved over

time, with the main conceptual and theoretical framing of these issues shifting from protection to prevention through family support to children in need. However, the actual shape and nature of services has remained broadly similar, with a continuum of services that seeks to both prevent and respond to crisis in children's lives.

Taking the example of England, between 2010 and 2017 there has been a 7% increase in the numbers of children referred to children's social care departments, from 603,700 to 646,120 (Department for Education 2017a). At the same time the rate of children becoming looked after by the State has increased by 3%, from 58 per 10,000 population aged under 18 years in 2010-11, to 60 per 10,000 population aged under 18 years in 2015-16 (Department for Education 2017b). During this same time period the total spending on children's services across all 152 English local councils decreased by 9% in real terms (Department for Education 2017b). However, these global figures only tell a partial story, with the devil, as ever, being in the detail. An analysis undertaken on behalf of the Department of Education in England (2017b) has shown that the spend per child in need by the average council increased by 10% between 2010-11 and 2015-16, whereas the spend per looked after child decreased by 2% for the same period. Unsurprisingly, individual local councils experienced large variations in the amount they spent for each child. The amount that the 25% lowest spending local councils spent (this is, the amount per child in need below which 25% of local councils spent) increased by 12% from £7,420 or less per child in need, per year, in 2010-11 to £8,330 or less per child in need, per year, in 2015-16. The amount that the 25% highest spending local councils spent (this is, the amount per child in need above which 25% of local councils spent) increased by 11% from £11,500 or more per child in need, per year, in 2010-11 to £12,750 or more per child in need, per year, in 2015-16. This is a difference of £4,420 per child. The pattern is similar, although also different, for children who are looked after, in that while there is a significant difference between the lowest spending authorities and the highest, there has been a decrease in spending at the higher end. The amount that the 25% lowest spending local councils spent (this is, the amount per looked after child below which 25% of local councils spent) remained the same at £39,220 or less per looked after child, per year, in both 2010-11 and 2015-16. The amount that the 25% highest spending local councils spent (this is, the amount per looked after child above which 25% of local councils spent) decreased

marginally from £51,940 or more per looked after child, per year, in 2010-11 to £51,810 or more per looked after child, per year, in 2015-16. What is not clear is what this additional expenditure funded, and conversely, what activity decreased, within local authorities.

Webb & Bywaters (2018, p.404) from their analysis of trends in the above children's services expenditure in England between 2010-2015 have concluded that during this period, "...looked after children (LAC) expenditure (both per looked after child and as a proportion of total spend) has tended to increase, safeguarding expenditure has remained relatively stable and non-LAC, non-safeguarding expenditure, that includes mainly prevention, early intervention and family support services, has consistently decreased."

When a child is referred to the local authority children's services, the children's social care department must undertake an assessment to identify if the child is in need of services or protection, including family support, leaving care support, adoption support, or disabled children's services. During the period from 2010 to date there has been an increase of nearly 4% in England in the numbers of children identified as being 'in need' under Section 17 of the Children Act 1989, from 375,870 in 2010 to 389,430 in 2017 (Department for Education, 2017a). Changes in the number of children in need can be as a result of changes in both the actual levels of need, and/or the approaches taken by children's social care to assess need and to determine the threshold for access to services. This is the issue we now move on to discuss.

### *Thresholds*

As noted by Parton (2017), the contexts in which social work is operating are becoming increasingly complex, fluid and uncertain, and many of the issues and problems which it is expected to address can be seen as having no easy or unambiguous solutions. Devaney and Spratt (2009) argue that no matter how well thought out and rational a strategy for improving and modernising the child protection system may be, some issues are intransigent, and seemingly unable to be resolved.

Policy reforms in children's services in relation to the concept of need have been driven by three key influences. As noted by Axford (2016) in his detailed exposition of the history of the concept of need in children's services, the first key influence is the expectation that public agencies should achieve the maximum benefit for the greatest number of people from limited means. This places at the centre of the public service agenda the need to define and establish need before allocating services and resources. The next influence is the growing acceptance amongst policy makers, service managers and academics of the imperative that children's problems are best understood from multiple perspectives, with need, as a concept, encouraging such a holistic perspective. Finally, public disquiet about social inequalities – notably the way that individuals with similar needs may receive different responses (for example, Bywaters et al., 2016) – has focused attention on the need for greater consistency in the delivery of public services.

One means of trying to address the conundrum of balancing demand with resources, and ensuring equity in response, has been the concept of thresholds of need, which has gained prominence in the past decade, and has come to replace the notion of eligibility for access to services. The latter implies a universal point at which an individual becomes entitled to receive a service, whereas the language of threshold implies a continuum of need that children may have at different points in time, along with the ability for a service to refine the threshold due to other considerations such as the availability of resources. At its most basic, the term 'threshold' refers to the point at which the local authority's children's social care service is likely to accept a referral for a child, young person or their family.

As Platt & Turney (2014) note, the concept of thresholds within statutory social work services has been the subject of debate in the UK and elsewhere over a number of years. They note three particular strands to the debate within the literature. Firstly, when different cases are compared there appears to be an inconsistent application of said thresholds, highlighting the many factors that turn an ostensibly objective process into a subjective one. For example, in a four country comparison of decision making in respect of a child's admission to care, there were statistically significant differences in how decisions were made, reflecting cultural and individual differences in the decision making process by individual child protection workers working to achieve the same aim, but operating in very different contexts (Benbenishty et al.

2015). Next, there is a concern that thresholds are set at a level that inappropriately excludes some children from accessing services that they require. In their work on childhood neglect and adolescent suicide Devaney et al. (2012) highlighted that a number of young people were not deemed eligible to receive services at an early stage in their difficulties, and that these difficulties escalated and became more entrenched. Services each had their own eligibility criteria, without reference to the part their service may provide in achieving wider goals for the child and their family. The final critique of thresholds has focused on the tendency to either exclude or include some types of cases. For example, Hayes & Spratt (2012) have highlighted the persistent tendency within children's social care to focus on risk as being primarily about the risk of experiencing immediate physical or sexual harm, without sufficient concern for other types of harm that may not be so obvious or immediate (such as the impact of childhood neglect), but still have the potential to have significant long term consequences.

As such, Local Safeguarding Children's Boards (LSCBs), inter-agency fora for co-ordinating child protection arrangements at a local authority level in England, have been required to develop and publish their thresholds for children's social care services. This is meant to serve two important functions. Firstly, there has been a concern that professionals often refer cases to children's social care when they themselves may be better placed to meet a child's lower level or non-social care needs. As Munro (2010, pp.24-5) notes, making unnecessary referrals to children's social care services is inappropriate as it puts children and their families through a stressful process for no benefit, while also using up the precious time of social workers in sifting through referrals to find the ones that require their further attention. It also makes more sense for children and families to receive additional help through services they already have contact with, such as universal education and health services. This is often referred to as 'early help' (Ofsted, 2015). The secondary reason for threshold documents has been to provide services with guidance about when to make a referral to children's social care services. Children's needs are seen as existing on a continuum with services clustered around five types of needs (Figure 1), differentiated between those which aim to provide early help to children and their families, typically from universal services and non-governmental agencies, and those requiring children's social care involvement as the issues fall within the

remit of the statutory responsibilities of local authorities for children in need, and children at risk of maltreatment.

Insert Figure 1 Here

While setting out a framework for classifying children's needs and the appropriate level of response seems intuitively appropriate, the reality is that many organisations have experienced the setting of thresholds as a gate keeping exercise to protect children's social care, rather than as a means of better meeting children's needs (All Party Parliamentary Group for Children, 2017). As noted by Prowle *et al.* (2014, p.5), managers and practitioners with responsibility for helping families who are experiencing difficulties feel that there is "a huge and growing mismatch between the need and/or demand for family intervention (which is still rising) and the availability of resources for such interventions (which is becoming increasingly curtailed)." Additionally, there is a well-founded belief that the discretion that is exercised by children's social care in deciding whether and how to respond is often inconsistent, and sometimes arbitrary (Ofsted, 2015)

### *Rationing as a Rational Response*

As noted by Tunstill and Aldgate (2000) in their detailed assessment of children in need referred to children's social care services, services have been tasked with two related, but potentially competing objectives. The first is to ensure that children experiencing, or at risk of experiencing harm from abuse or neglect, are identified and protected. There is good evidence to highlight that the current child protection systems in England, Northern Ireland, Scotland and Wales do this effectively. For example, the number of child homicides have decreased steadily in the UK over the last forty years (NSPCC 2017, Pritchard & Sharples 2008, Pritchard & Williams 2010) as a result of a range of policies designed to better educate parents about the care that children require, and to improve the systems for identifying and responding to concerns about a child's welfare. However, there is equally strong evidence to highlight that the majority of children experiencing maltreatment do not come to the



attention of the child protection system. For every child subject to a child protection plan in the United Kingdom it is estimated that there are likely to be around eight other children who have suffered maltreatment (Radford *et al.* 2011). Additionally, the work of Bywaters and colleagues (2016) has highlighted the inconsistency of responses based on neighbourhood characteristics, and national child welfare system in each of the four countries in the UK. Parton (2016) has highlighted that in the past decade the child welfare policy has been driven by the rhetoric of blame and failure, reinforced by successive pronouncements in England from Government Ministers that the 'essential duty' for local authorities is 'to protect vulnerable children', undermining the ethos of the 'Every Child Matters' policy agenda of the previous decade, with a refocusing from 'every child' to the 'vulnerable child'.

The second objective is to provide support for children and families who are vulnerable due to disability or circumstance. Section 17(1)(a) of the Children Act 1989 specifies that: 'It shall be the general duty of every local authority... to safeguard and promote the welfare of children within their area who are in need.' While there is a duty on local authorities to provide services to children in need, The Court of Appeal, in the case of *R (C, T, M and U) v LB Southwark* (2016), clarified that section 17 of The Children Act 1989 creates a target duty which provides a local authority with the discretion to decide how to meet a child's assessed need. This may be directly from the local authority, or through collaboration, and on occasion, the commissioning of services from other organisations. While Eileen Munro, in her review of the child protection in England recommended a duty to be placed on local authorities and statutory partners to provide an 'early offer of help', this was not accepted by Government, as it considered the existing duty to cooperate set out in sections 10 and 11 of the Children Act 2004 to be sufficient (Ofsted, 2015).

In assessing the needs of families for assistance local authorities may take the scarcity of resources and other support options available to the family into account and must decide what intervention is required on the facts and evidence of an individual case. This requires a careful assessment to determine whether a child meets the criteria defining a 'child in need', and how best the local authority, or other organisations, should go about providing for these needs, hence the potential benefit of a threshold document to inform such decision making. In recent years there have been a significant number of reports, many commissioned by central government in

England, seeking to explore the nature and potential benefits of what is variously termed early intervention and early help (Ofsted 2015). Ofsted (2015 p.4) estimates that in England alone there are two million children living in “difficult family circumstances” who may benefit from early help, defined as “providing support as soon as a problem emerges, at any point in a child’s life”.

As outlined earlier, greater numbers of children are being referred to children’s social care, with local authorities spending more per child within a shrinking budget. This is at the same time as the number of children subject to a child protection plan has increased during the equivalent period from 39,100 on 31<sup>st</sup> March 2010 to 51,080 on 31<sup>st</sup> March 2017 (<https://www.gov.uk/government/collections/statistics-children-in-need>), and the number of children looked after having increased from 64,400 on 31<sup>st</sup> March 2010 to 72,670 on 31<sup>st</sup> March 2017 (<https://www.gov.uk/government/collections/statistics-looked-after-children>).

In this context children’s social care departments are engaged in a form of rationing. They need to make a choice about who receives a service and in what circumstances. At a macro level policy is operating in two directions that shape practice at the micro level. Should children’s services seek to spread the decreasing resource available thinly, hoping that a little help for as many as possible will be just enough of a boost to prevent most children and their families from experiencing a crisis, and help them get back on track? This scenario recognises that this minimal help may not work for everyone, so there still needs to be a safety net to safeguard those for whom this minimal intervention is insufficient. Or should children’s social care seek to target those with the greatest need, believing that most children and families experiencing a difficulty will be able to muddle through and call upon other sources for help and support? In this scenario there is a recognition that some families will not be able to find their own way through, and that their difficulties will escalate to the point whereby they meet the higher threshold for help anyway, even though the problems may then be more entrenched. However, resources have not been wasted on families who did not really need them in the first place.

In reality both of these strategies are being employed, as evidenced in the use of threshold models, and the delineation between the respective roles of the State, as the provider of last resort, and the role of wider society in providing more generalised

social support (early help). In health, rationing is conventionally defined as “the denial of potentially beneficial interventions or treatment” (Klein & Maybin 2012, p.4). Typically, this is based on decisions about the trade-off between the cost of intervening compared to not intervening, and benefit accrued. Services and interventions that are likely to be high cost, but of only marginal benefit, are therefore most prone to being axed. However, while in healthcare there is a strong evidence base of the effectiveness and efficiency of a range of services and interventions, this is far from the case in children’s social care. However, as Klein & Maybin (2012) note, denial of a service is only one form of rationing (Figure 2). Indeed, it is apparent that within children’s social care services, and social care more widely, a wide range of strategies are being used to make the finite, and decreasing, social care budget go further. In this sense, rationing, while not stated explicitly, is a rational process, even if it may be unpalatable.

Insert Figure 2 Here

As Klein & Maybin (2012) note there is an important distinction to be made between rationing and priority setting. The latter describes decisions about the allocation of resources between the competing claims of different services, different service user groups or different elements of care. Whereas rationing, strictly speaking, describes the effect of those decisions on individual children and their families:

“Giving priority to service A when allocating resources does not tell us anything about whether [service users] in services B, C or D are deprived of potentially beneficial interventions or suffer a loss in the quality of care.”

(Klein & Maybin, 2012, p.5)

The distinction between rationing and priority setting is useful in thinking about who makes the decisions that ultimately impact on service users. There is a hierarchy of decision making from central government, through commissioning bodies, to service delivering agencies and ultimately to service managers and practitioners. At each level there are also decision making criteria that inform the decisions taken, and the potential impact on the subsequent tier. These criteria are ultimately political, in the

sense that they reflect both the construction of what is deemed to be need, whose responsibility it is to provide for these needs, and how this should be done. For example, Webb and Bywaters (2018) in their analysis of children's social care expenditure highlight the lack of any systemic approach to factoring the impact of poverty on children's well-being. Indeed "...at no time point between 2010 and 2015 do the premiums for the most deprived third of local authorities appear to be commensurate with the increased need for children's services, any 'premium' appears inconsistent" (p.406).

In reality it is front line managers and practitioners who are required to enact rationing strategies. While some may rail against this (Matarese & Caswell, 2017), systems endeavour to restrict the exercise of individual discretion (Lipsky, 2010), through, for example, the proceduralisation of rationing, with threshold documents being one such manifestation.

In this context there have been a range of approaches developed to improve the way that policy decisions are taken about priority setting in ways which are believed to be fair and transparent (Kipiriri & Razavi, 2017). These tend to be grounded in utilitarianism, seeking to ensure that decisions should be made based on the degrees of benefit yielded when different interventions are compared, and considered in terms of the overall benefit to society, rather than any one individual. As Klein & Maybin (2012, p.6) note:

"The crucial question is not whether resources allocated to a particular individual would or would not improve her or his condition, but whether the same resources would produce an even bigger increment in welfare – i.e. be more cost-effective – if applied elsewhere or devoted to another intervention. Population gains trump individual gains. It is a highly egalitarian principle since it is based on the Benthamite formula that everyone should count for one and no one for more than one."

As such technical decisions cannot be taken without a consideration of the moral aspect of those decisions, and the need to have a very public conversation about what matters most in society, and how we quantify and compare the potential benefit of any intervention across the heterogeneous population of potential users of children's social care services. In doing so there is a need to also engage with the structural inequalities in society, recognising that while no one should count more

than anyone else, some segments of society are treated as counting less than others within political debates. In this context rationing, or the use of thresholds, is about more than the allocation of resources. The principle of egalitarianism means that social workers need to have a framework to make more ethical, and honest professional decisions.

### *The Accountability for Reasonableness Framework*

Kapiriri & Razavi (2017) provide details of a number of frameworks that have been developed to assist in priority setting in health care systems internationally. One of the most highly regarded is the Accountability for Reasonableness Framework developed by Norman Daniels and James Sabin (2008). This framework sets four conditions required for the making of fair decisions in the allocation of finite resources (Figure 3). The strength of the framework is that it does not require an agreement with the final decision – which would be to expect the impossible – rather it only requires agreement that relevant evidence and factors have been considered, while irrelevant and peripheral issues are disregarded. Klein & Maybin (2012, p.8) summarise this nicely when they state that “it is a formula for establishing the rules of the game, not necessarily for producing a consensus about the outcome.”

Insert Figure 3 Here

However, while such a model is helpful in thinking about the process of priority setting, it seems impractical to expect that the decisions made in everyday practice by service managers and practitioners can be subject to the same level of discussion and rationalisation. While individual professionals can and will be influenced by the discussions informing priority setting when dealing with individual children and their family, decisions cannot be so technocratic. In making decisions about which service users should receive a service and how, rationing comes to the fore, and more individualist and social criteria are necessary. It is at this point that tensions arise between the policy imperative and the necessities of practice. There is a literature relating to how medical practitioners engage in ‘bedside rationing’ (Magelssen *et al.*

2016), the process of making decisions relating to whether to provide the best treatment to the patient with only the patient's beneficence in mind, or whether to consider the societal implications of medical care, and to withhold certain treatments or interventions to specific patients because of costs, scarcity, or the potentially limited benefit of same to a particular individual, thus perhaps providing beneficence to society in general. While there is some evidence that this process may be unconscious (Klein & Maybin 2012), there is evidence of its widespread practice. In a study involving medical practitioners in four European countries – Italy, Norway, Switzerland and the United Kingdom - 56.3 per cent reported that they did indeed ration interventions (Hurst *et al.* 2006). The interventions most frequently rationed were MRI and screening tests. The most regularly cited reasons for rationing were small expected benefits from the intervention and low chances of success, with a majority of respondents also reporting that they were more likely to refrain from using an intervention if the patient was over 85. Surprisingly, the survey showed no correlation between the level of health care spending in the four countries and physician responses. In social work, while there have been a significant number of studies into decision making, the issue of the availability of resources and the competing needs of service users is less well studied and understood, and yet is evident in many of the processes that have been developed within agencies to make decisions about the competing needs of service users when the budget or resource is not able to meet all of these identified needs (Lymbery 2014).

### *Implications for Social Work*

Many of the threshold documents used by local authorities in England have a statement of principles that seek to provide both an explanation and a justification for the intent and operation of their approach. While this appears helpful, in articulating the basis for decisions, it is striking that so few documents make any reference to the availability of resources as being one factor that will influence how decisions are made. Such an omission is both misleading of the general public, and unfair on the staff within services who must make such decisions. It would be more transparent for local authorities to explicitly state that public services are finite, and to articulate in their resource documents how decisions will be made within the available resources,

and how priorities will be decided. It is in this context that different rationing strategies may be a useful way to conceptualise the difference, for example, between placing a family on a waiting list for services because the service is suitable for their needs but there are no current places available (rationing by delay), and telling a family that their needs are not assessed as being suitable for a service given the higher level needs of other families (rationing by selection), and therefore looking at whether other services may be more appropriate for the family's needs (rationing by deflection). In reality, while this may be happening in practice, it allows local services and commissioners to have a more open and transparent discussion about how the cumulative needs of a community can be met within the individual and combined budgets of services, and where the tensions are likely to arise, especially in relation to rationing by deflection.

Social work has a significant role in both seeking to support individuals and families, while also working with communities and reaching across organisations to create a more just society. As such, there is a need to adopt approaches, such as the Reasonableness Accountability Framework, to engage with communities to arrive at more transparent enactment of legal and professional responsibilities.

### *Conclusion*

The financial and banking crisis of 2008 heralded unprecedented cuts to budgets in the public and not-for-profit sectors in the United Kingdom and other developed economies (Pollitt & Bouckaert 2017), while the subsequent economic recession has seen an increase in the numbers of families experiencing difficulties and coming to the attention of statutory children's services. The term 'austerity' has been used as a descriptor of the financial situation that the country is facing, but it also needs to be understood as an ideology, representing the roll back of the state, under the premise that the country can no longer afford to do all the things it previously did. It has provided a mantle under which neo-liberal ideas are being advanced that posit a clear delineation between the state's responsibilities, and those of individuals. There is a clear exposition of this within the reforms of the welfare benefits system of the principle of 'less eligibility' as enshrined in the Poor Law Amendment Act 1834, whereby the recipient of relief "on the whole shall not be made really or apparently

as eligible as the independent labourer of the lowest class.” It can also be seen in the demarcation about what needs the state will attend to (i.e. those set out in statute), and those which wider society should address. As Pollitt & Bouckaert (2017) note, the approach to making cuts in public expenditure can take different forms, from the usual cheese-slicing approach of reducing everyone’s budget by a given percentage, to more selective approaches whereby some areas of expenditure are seen as less of a priority than others. The adoption of a cheese slicing approach has pushed decisions about how best to meet competing needs (of both policy directives, and between individual users of services) down the levels of decision making, in effect insulating those with the ultimate decision making power, politicians and senior civil servants, from the opprobrium and stress that those on the front line must deal with.

Additionally, the publication of the National Institute for Clinical and Care Excellence (NICE) guideline on child abuse and neglect (NICE, 2017), highlighted interventions with a more robust evidence of effectiveness compared to less robust evidence. However, some members of the professional community have been sceptical about the guidelines (for example, Association of Directors of Children’s Services, 2017) citing, amongst other issues, the cost of introducing the recommended interventions – while at the same time persisting in funding interventions with negligible evidence of effectiveness. This is in spite of the Local Government Association (2017) also urging Government to fund more evidence based interventions (Figure 2). As such, the debate should not only be about whether there is sufficient money to fund services to meet a wide range of needs, but also whether services are making best use of the precious funding available – in effect, ensuring greater efficiency (rationing by denial).

As such the social work profession needs to embrace the terminology of rationing, and start a discussion about the forms of rationing that are ethically appropriate. Social work has always needed to engage in the exercise of discretion and processes whereby decisions must be taken about both whether someone’s needs can be met, and therefore how, within a finite resource. The challenge in the current financial climate is to do that in ways which resist change that are ideologically driven, rather than to assume the responsibility that such changes bring. Instead of trying to do everything, but then being criticised for failing to do enough, social work



both as a profession and within sectors needs to look at ways of better quantifying the difference that competing policy and practice approaches achieve, and to be more explicit about both how decisions are made and why. In doing so, there is an opportunity to work with communities to ensure greater transparency and equity, and to create a new discourse about need and the role of the state.

Figure 1: Thresholds of Need

Level of Need	Focus	Service Response
Level 1	Early Help	Children with no identified additional needs. Their needs are met through routine universal services.
Level 2		Children with additional needs that can be met by targeted support by a single agency or practitioner.
Level 3		(Team Around the Family) Represents children with additional needs that can be met by targeted support by a multi-agency support package.
Level 4	Statutory Social Work Intervention	(Child in Need) Represents children with significant needs that persist and have not been met by targeted support.
Level 5		(Safeguarding/Looked after Children) Represents children with complex and enduring needs at the highest level of vulnerability that will be met by multi-agency support from specialist services led by Children's Social Care.

Figure 2: Rationing Strategies

<p><b>Rationing by denial</b> This is the most commonly understood form of rationing. Specific forms of intervention or service are excluded from being offered on the grounds of lack of effectiveness, high cost or a combination of both of these factors. During the current period of austerity grants made to organisations in the not for profit sector have been stopped, with some services then brought back into the local authority. For example, in their recent report on the crisis in children's social care due to underfunding, the Local Government Association (2017, p16) cite the Early Intervention Fund (2017) that there is "a significant evidence gap in services for children and young people, identifying a number of interventions with proven results that have not been widely publicised or implemented while highlighting that some popular practices and approaches lack a similarly robust evidence base."</p>
<p><b>Rationing by selection</b> Providers select those service users who are most likely to benefit from interventions, or raise the threshold of eligibility for access to a service. This is seen most clearly in the recent reports critiquing the use of thresholds for eligibility to services (All Party Parliamentary Group for Children, 2017; Ofsted, 2015).</p>
<p><b>Rationing by delay</b> This is a very traditional form of rationing in public services, designed to control access to the system and match demand to supply by making individuals wait to receive a service. It involves a judgement about 'risk', that needs left unattended could worsen, with implications for both the individual and the service if issues become critical. The Local Government Association (2017) has highlighted the danger of not intervening early enough to reduce issues from escalating, and the problems children face becoming entrenched, and therefore more difficult to ameliorate.</p>
<p><b>Rationing by deterrence</b> If service users are not deterred by having to wait for a service, there are other ways of raising barriers to, and the costs of, entry into the social care system. Receptionists may be unhelpful, information leaflets may be unavailable, access may be difficult. In the end individuals will seek help from elsewhere. In children's social care this can be seen in the ways that requests for help need to go through a number of processes and gatekeepers before decisions about access to a service can be made. Similarly, while Tunstill and Aldgate</p>

(2000) found that many parents in their study had self-referred, there is the potential for the stigma of involvement with children's social care due to the rhetoric of blame and failure, and the representation of children's social care as only being about child protection (Parton, 2016) to deter families from reaching out for support.

**Rationing by deflection** In this scenario children's services seeks to pass the responsibilities they used to accept onto another institution, agency or programme. This is most apparent in Section 11 of the Children Act 2004. This places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. This can be positive, ensuring that children's needs are met by the most appropriate service. However, there is also the potential for 'difficult cases' to be referred to another service that is seen as more appropriate or specialist. In this scenario individuals may be passed around the system without anyone doing anything about the substantive issues.

**Rationing by dilution** Services or programmes continue to be offered, but there are fewer staff to deliver the service, with those remaining having larger workloads, with the likely result that the quality of care and treatment declines as a consequence (Local Government Association, 2017).

Figure 3: The Accountability for Reasonableness Framework

- *Publicity* Both the decisions about the allocation of resources and the grounds for reaching them must be made public.
- *Relevance* The reasons for reaching decisions must be ones that fair-minded people would agree are relevant in the particular context.
- *Challenge and revision* There must be opportunities for challenging decisions, mechanisms for resolving disputes and transparent systems for revising decisions if more evidence becomes available.
- *Regulation* There must be public regulation of the decision-making process to ensure that it meets the demands of the first three conditions.

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